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Form 990 (2019) Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A 1 Is the organization required to complete Schedule B, Schedule of C1 396 705.84 Tm 0.007 $\,$ Tc (.)9b.

Par	t IV	Checklist of Required Schedules (continued)		
		the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,	Yes	No

Ctatamanta Damantina Other IDC Filings and Tay Compliance (continued)			. 3 .
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ments, filed for the calendar year ending with or within the year covered by this return 2 a b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2.0		
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		
b If 'Yes,' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule 0	3 b		

Form 990 (2019) Page **6**

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management No Yes 1 a Enter the number of voting members of the governing body at the end of the tax year.... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent... 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?..... 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?..... 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 6 Did the organization have members or stockholders?..... 6 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?..... 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body?...

Form 990 (2019)	Page 7
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Emploindependent Contractors	
Check if Schedule O contains a response or note to any line in this Part VII	
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees	
 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. ? List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amoun compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. 	t of
? List all of the organization's current key employees, if any. See instructions for definition of 'key employee.' ? List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employed who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.	ee)
? List all of the organization's former officers, key employees, and highest compensated employees who received more than of reportable compensation from the organization and any related organizations.	\$100,000
? List all of the organization's former directors or trustees y richtionld 0.02 03 Tw (above 3 8.04 Tf 0.914 0 0org8 -127.6 590.4 Tm0Tj 0.	93 0 9 1 0 0 1 3529.8 Tba

	T							
		Institution	Officer	Key emp	Highest c	Former		
		Institutional trustee		oyee	Highest compensated employee			

Part VII Section A. Officers, Directors, 1rt	istees, i	Key	Εm	npic	oye	es,	and	a Hignest Con	npensated Emp	oloyees	S (conti	nued)
(A) Name and title	Average hours per week	box	, unle cer ar	Pos check ess pe	erson direct	e than is bot or/trus	h an itee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) ated am of other	
	(list any hours for related organiza - tions below dotted line)		nstitutional trustee	Officer	Key employee	Highest compensated employee	ormer	(W-2/1099-MISC)	(W-2/1099-MISC)	the o	rganizat d related anization	tion d
(15)												
(16)												
(17)												
(18)												
(19)												
(20)												
(21)												
(22)												
(23)												
(24)												
(25)												
1 b Subtotal c Total from continuation sheets to Part VII, Section							G G			<u> </u>		
d Total (add lines 1b and 1c). 2 Total number of individuals (including but not limited from the organization G							G	more than \$100,00	00 of reportable com	npensatio	n	
											Yes	No
3 Did the organization list any former officer, direction line 1a? If 'Yes,' complete Schedule J for suc	h individu	al	· · · ·							3		
For any individual listed on line 1a, is the sum of the organization and related organizations greate such individual	r reportab er than \$1	1e co 50,00	mp∈ 00?	ensa If 'Y	ition /es,	com	otn nple	te Schedule J for	rrom	4		

Former Highest compensated employee Key employee Officer Institutional trustee

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Miscellaneous Revenue	-	 				_
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Form 990 (2019) Page **10**

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX..... (A) (B) (C) (D)

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Assets	ı	-		
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Liabilities				
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Net Assets or Fund Balances				
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Forn	า 990 (2019)								
		onciliation of Net Asset	S						
	Check	k if Schedule O contains a res	sponse or note to an	y line in this	Part XI				
1	Total revenu	ue (must equal Part VIII, colui	mn (A), line 12)			 1			
2	Total expen	ses (must equal Part IX, colu	mn (A), line 25)			 2			
3	Revenue les	ss expenses. Subtract line 2 f	rom line 1			 3			
4	Net assets	er fund halances at begi <mark>nning</mark>	of year (must equal	Part X, line 3	32, column (4))	 4			
5	Net unrealiz	ses) on inv							
6	Donated se	e of facilitie							
7	Investment								
	Prior period	,							
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SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

G Attach to Form 990 or Form 990-EZ.

G Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions' subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after 10 June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in 12 lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations **q** Provide the following information about the supported organization(s). (i) Name of supported organization (iii) Type of organization (described on lines 1-10 above (see instructions)) (v) Amount of monetary (iv) Is the organization listed (vi) Amount of other support (see instructions) support (see instructions) in your governing document? No (A) (B) (C)Yes

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

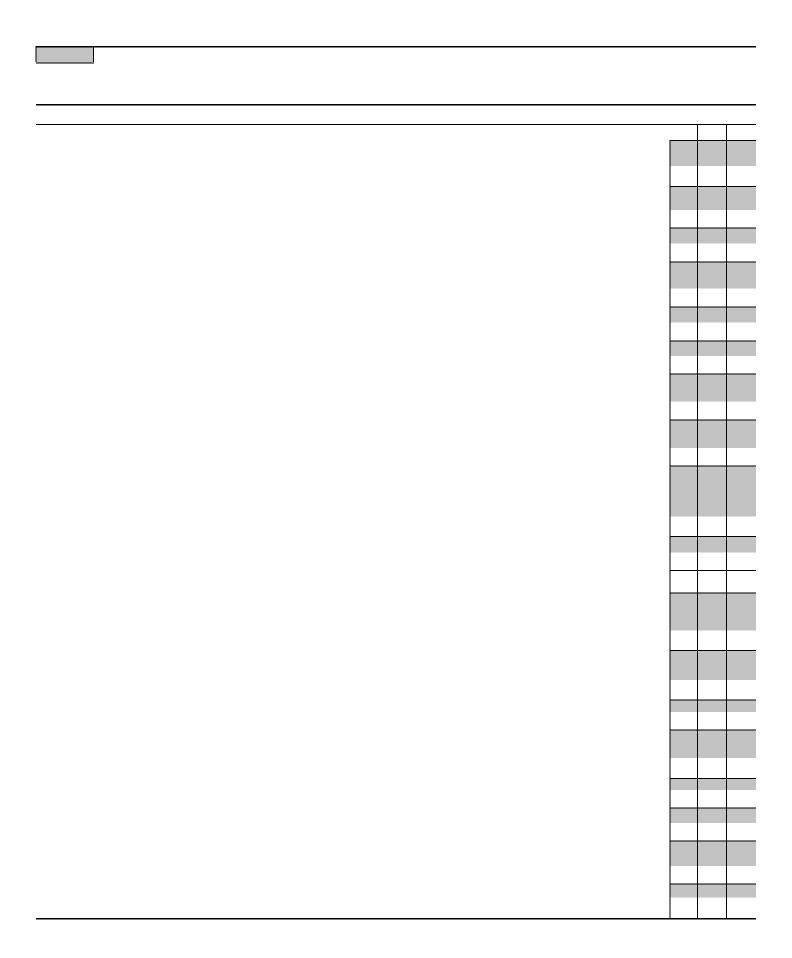
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) G	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not						
						H

Part III Support Schedule for Organizations Described in Section 509(a)(2)

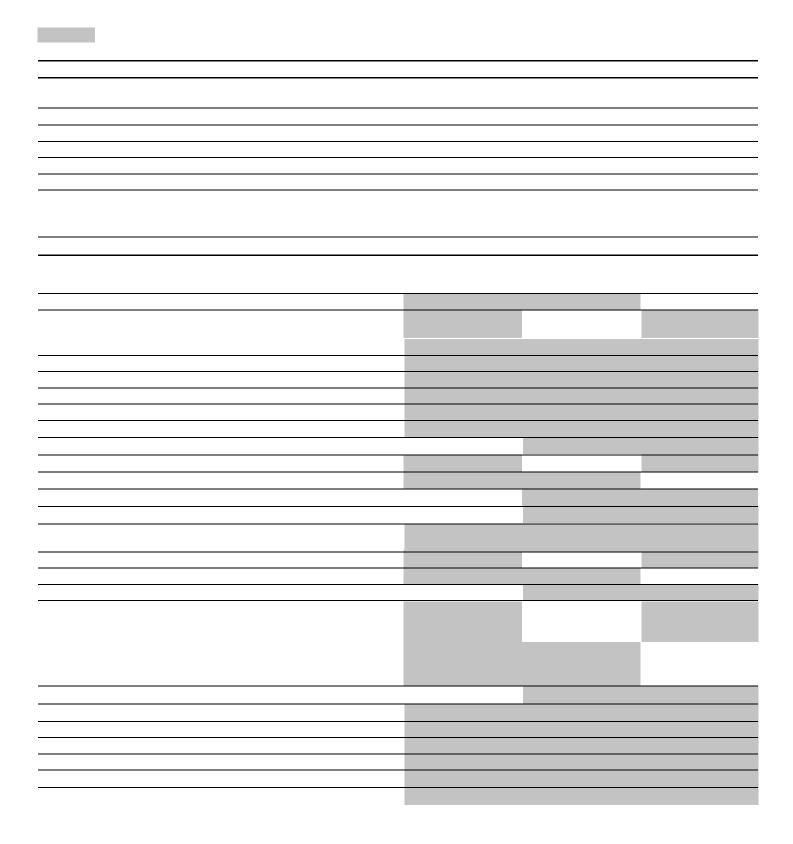
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization

fails to qualify under the te		•	· · · · · · · · · · · · · · · · · · ·			
Section A. Public Support				Ι .		Γ .
Calendar year (or fiscal year beginning in) G 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's						
tax-exempt purpose						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) G Amounts from line 6	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total



Part IV Supporting Organizations (continued)			
	Y	'es No	
11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below the			
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b A family member of a person described in (a) above?	11b		
c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
If Tw (Did the di392 /F9 10.08 -0.041r membersh31) Tj /F44 No,'04 Tf 1 -0.12 Tc 0.059 Tw (Part VI.) ectors0 f* n -0.04601 1		es No 2 Tm 0.01:	2 То
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

G Attach to Form 990, Form 990-EZ, or Form 990-PF. G Go to www.irs.gov/Form990

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2019

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Page 2	

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	, or 990-PF) (2019)	
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Part III Organizations Maint	aining Colle	ctions of Art, His	torical Treasu	res, or Other	Similar Assets	s (continued)
3 Using the organization's acquisition items (check all that apply):	n, accession, a	nd other records, check	any of the following	ng that make signit	ficant use of its coll	ection
a Public exhibition		d Loa	n or exchange pro	ogram		
b Scholarly research		e Oth				
c Preservation for future gene	erations					
4 Provide a description of the organ Part XIII.	ization's collecti	ons and explain how the	ney further the orga	nization's exempt	purpose in	
5 During the year, did the organiz to be sold to raise funds rather	ation solicit or than to be mai	receive donations of ntained as part of the	art, historical trea e organization's co	sures, or other sollection?	imilar assets	Yes No
Part IV Escrow and Custodi line 9, or reported ar	al Arrangem amount on	nents. Complete i Form 990, Part)	f the organizat <, line 21.	ion answered	'Yes' on Form	990, Part IV,
1 a Is the organization an agent, true on Form 990, Part X?	ustee, custodia	n or other intermedia	ry for contribution	s or other assets	not included	Yes No
b If 'Yes,' explain the arrangemen						
					Am	nount
c Beginning balance						
d Additions during the year						
e Distributions during the year					+	
f Ending balance						
2 a Did the organization include an						Yes No
If 'Yes,' explain the arrangemen	nt in Part XIII. (Check here if the 28	IM 0.007 IC 0 IV	w (.) IJ 10014	155S, or other SI I	c (.) IJ TO U T 126.72 515
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	Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	eturn.		Γαί	<u>je 4</u>
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.				
	revenue, gains, and other support per audited financial statements	1 Tm 0	007 To	/ \ Ti 1 0	0 1 264 22
Amio	8.12 -0.48 re 0 g 1 ° Q q 342.96 657.m108.12 -0.48 re 0 g 1 ° Q q 342.96 657.m101 ° no 540.125nuc9.2	im o.	007 16	(.) 1] 10	J I 304.3∠
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Schedule D, Part XI, Line 2d Other Revenue Included In F/S But Not Included On Form 990

Actuarial Adj. of Remainder Trust Oblig.....

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered 'Yes' on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

G Attach to Form 990 or Form 990-EZ.

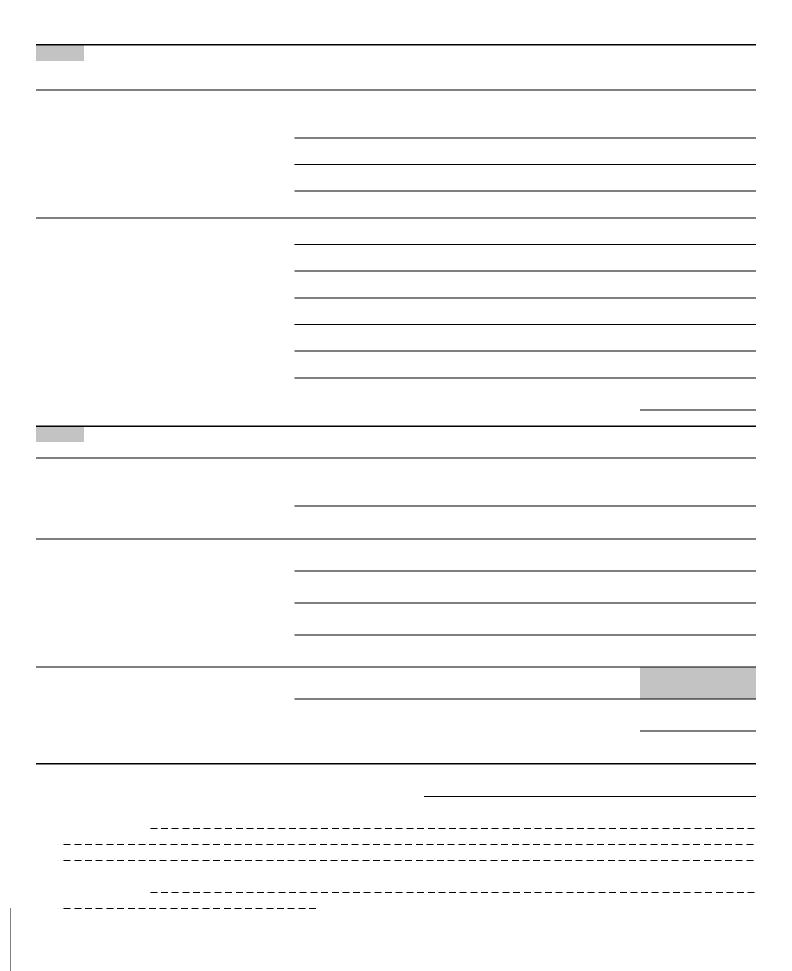
G Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Employer identification number

Open to Public Inspection

Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connectionnizatihprofessonnutn Form 0.04s?spection Yes No



11 Does the organization conduct gaming activities with nonmembers?	Yes	No
administer charitable gaming?		% %
a The organization's facility. b An outside facility. 13 b 5 the noutside facility. 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name G Address G 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	 Yes	%
b An outside facility	 Yes	%
Name G Address G It is a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization \$ \$ c If 'Yes,' enter name and address of the third party: Name G Address G Gaming manager information: Name G Gaming manager compensation G \$ Description of services provided G Independent contractor	 Yes	
Address G 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No b If 'Yes,' enter the amount of gaming revenue received by the organizationG \$ and the amount of gaming revenue retained by the third partyG \$ c If 'Yes,' enter name and address of the third party: Name G	 Yes	
Sa Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes	Yes	
b If 'Yes,' enter the amount of gaming revenue received by the organizationG \$ and the amount of gaming revenue retained by the third partyG \$ C If 'Yes,' enter name and address of the third party: Name G Address G Gaming manager information: Name G Gaming manager compensation G \$ Description of services provided G Director/officer		
Address G 16 Gaming manager information: Name G Gaming manager compensation G \$ Description of services provided G Director/officer	IL	No
Name G Gaming manager information: Name G Gaming manager compensation G \$ Description of services provided G Director/officer Employee Independent contractor		
Name G		;
Gaming manager compensation G \$		
Description of services provided G Director/officer Employee Independent contractor	. – – – –	
Director/officer Employee Independent contractor		
Mandatory /F9 8.6istribuf se /F9 8.04 Tf 1 0 0 1 23.88 650.1635c (G) Tj /F46 9.96 Tf 1 0s1 23.88 650.1635c (G) Tj /F46 9.96 Tf 1 0n4f s		
	/F46 9.96	Tf 1 0n4f se
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SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered 'Yes' on Form 990, Part IV, line 21 or 22. $\,$ G Attach to Form 990.

G Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

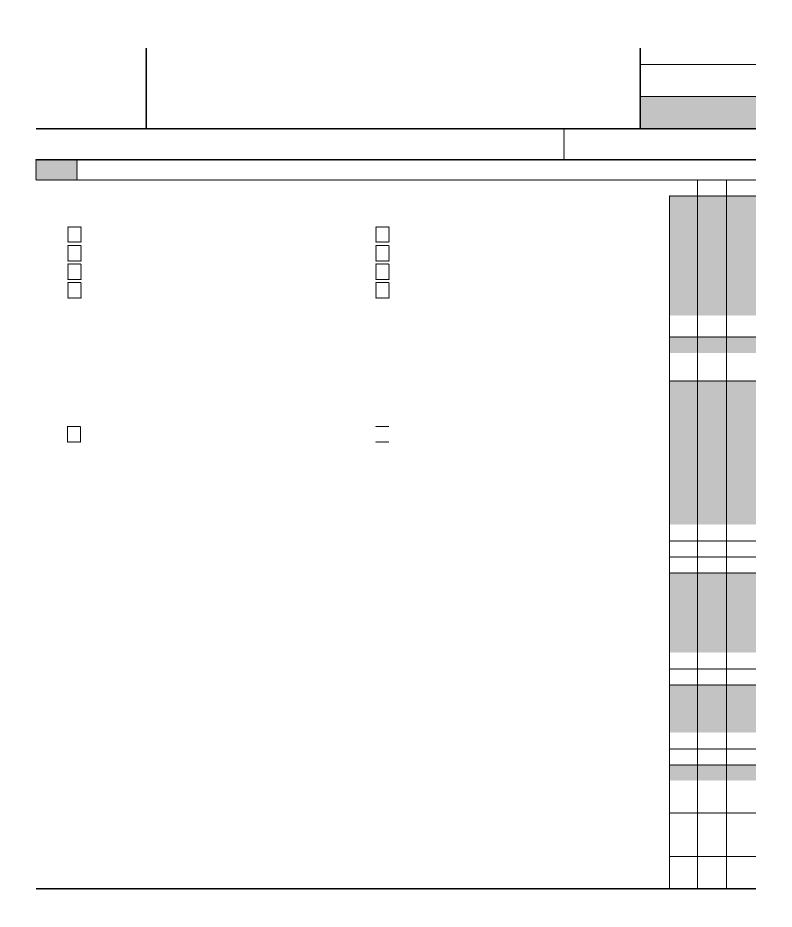
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Student Aid	1, 400	3, 655, 332.		Book value	
2					
3					
4					
5					
6					
7					

Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV - Additional Supplemental Information

Part I, Line 2: All grants & assistance payments to the university are required to include appropriate documentation providing details of expenditures, including authorized signature authority. All scholarship requests are reviewed against the eligibility criteria.

Part III, column (b): Approximate number of FY20 student aid recepients based on the foundation's scholarship tracking system.



Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

	(B) Breakdown	of W-2 and/or 1099-MI	SC compensation	(C) Detirement	(D) Nontoyoblo	(F) Total of	(F) Compensation	
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
Susan Folley	(i)	0.	0.	0.	0.	0.	0.	0.
1 Presi dent	(ii)	203, 690.	0.	0.	27, 795.	12, 166.	243, 651.	0.
Stan Mishin	(i)	0.	0.	0.	0.	0.	0.	0.
2 Dir of Finance	(ii)	128, 450.	0.	0.	19, 653.	28, 598.	176, 701.	0.
Jim Johnsen	(i)	0.	0.	0.	0.	0.	0.	0.
3 Di rector	(ii)	330, 762.	0.	0.	42, 413.	24, 497.	397, 672.	0.
Dan White	(i)	0.	0.	0.	0	0.	0.	0.
4 Di rector	(ii)	309, 937.	0.	0.	42, 413.	26, 960.	379, 310.	0.
Rick Caulfield	(i)	0.	0.	0.	0.	0.	0.	<u> </u>
5 Di rector	(ii)	153, 864.	0.	0.	65, 823.	0.	219, 687.	0.
Cathy Sandeen	(i)	0.	0.	0.	0.	<u> </u>	0.	0.
6 Di rector	(ii)	310, 938.	0.	0.	36, 813.	15, 170.	362, 921.	0.
Megan Riebe	(i)	0.	0.	0.	0.	0.	0.	0.
7 Ass VP Development	(ii)	143, 935.	0.	0.	20, 786.	17, 410.	182, 131.	0.
Emily Drygas	(i)	0.	0.	0.	0	0.	0.	0.
8 Dir Principal Gift	(ii)	122, 004.	0.	0.	3, 213.	33, 499.	158, 716.	0.
Davi d Woodl ey	(i)	0.	0.	<u>0.</u>	0.	0.	0.	0.
9 Dir Data Services	(ii)	113, 423.	0.	0.	3, 213.	43, 467.	160, 103.	0.
10	(i)						+	
10	(ii)							
11	(i)		+		 		+	
11	(ii)							
12	(i) (ii)		+		 		+	
1Z	(i)							
13	(ii)		+		+		+	
13	(i)							
14	(ii)	<u> </u>	 		 		+	
17	(i)							
15	(ii)		 		 		+	1
10	(i)							
16	(ii)		 		 		+	1
DAA	(")		TEEA/102L 9/2/1			l		I /Form 000\ 2010

BAA TEEA4102L 8/2/19

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M - Additional Information

Part I, Column B:

Lines 1, 9, 25 - Number of contributions

Line 26- Number of items received

BAA TEEA4602L 8/5/19 Schedule M (Form 990) 2019

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. G Attach to Form 990 or 990-EZ.

2019 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

G Go to www.irs.gov/Form990 for the latest information.

23-7394620

Employer identification number

OMB No. 1545-0047

University of Alaska Foundation

Form 990, Part VI, Line 1a - Explanation of Delegated Broad Authority to Committee

The executive committee consists of no more than six members, who are also members The committee acts only during intervals between meetings of of the governing body. the board of directors and may exercise all of authority and powers of the board of directors in the management of the affairs of the foundation, with the exception that they may not amend the bylaws.

Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body

The board includes between 20 and 30 voting members, as determined from time to time There are also four classes of members:

- -Ex-officio directors include the president of the university and the university chancellors, as voting members;
- -Regent directors include two members of the board of regents, annually appointed by the chair of the board of regents, as voting members;
- -Elected directors include not less than 14 and no more than 24 directors, as voting members. They are elected by a majority vote of the board of directors present at a duly noticed meeting of the board from the slate of candidates prepared by the committee on membership;
- -Emeritus directors are honorary lifetime members of the board who do not have the ability to vote and their number is not included in calculating the total number of directors and quorum.

Form 990, Part VI, Line 11b - Form 990 Review Process

The Form 990 is prepared by the foundation's director of finance, who presents the draft return to the finance & audit committee of the board for review before filing it with the IRS. The review includes a presentation by the director of finance highlighting key sections of the return and any material changes from the prior

TEEA4901L 08/19/19

Name of the organization	Employer identification number
University of Alaska Foundation	23-7394620

Form 990, Part VI, Line 15a - Compensation Review & Approval Process - CEO & Top Management

The foundation's compensation system is administered by the University of Alaska's human resources department in accordance with the university's salary administration policies.

Form 990, Part VI, Line 15b - Compensation Review & Approval Process - Officers & Key Employees

Same as Li ne 15a above.

Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available

The foundation's governing documents, key policies, and audited financial statements are posted on the organization's website at www.alaska.edu/foundation

Form 990, Part XI, Line 9 Other Changes In Net Assets Or Fund Balances

Part I Line 15 / Part IX Functional Expense Reporting:

The reporting of compensation in the form 990 reflects the amounts paid to the University of Alaska for compensation, benefits and related costs of foundation staff who are employees of the university. The reimbursements are reported as salaries, benefits and payroll taxes of the foundation within the form 990, since the foundation directly reimburses the university for these expenses.

Part V, Line 2A - Reporting of Employees on Form W-3:

The University of Alaska pays employees and files Form W-3 on behalf of the foundation.

Part VI, Section B, Line 12C - Conflict Of Interest Policy Monitoring

The foundation has a conflict of interest policy which applies to board members, committees, officers, employees, and volunteers having board delegated powers. This policy is distributed annually and each recipient reviews the policy, signs it and returns it to the board coordinator indicating either no conflicts or disclosing any existing or foreseeable conflicts. Any disclosures are then forwarded to the

Name of the organization
Uni versity of Alaska Foundation

Employer identification number
23-7394620

executive committee for review and action. If a conflict is disclosed in a meeting, the nature of the potential conflict, the determination by the board or committee, and details of any notes taken are documented in the minutes of the meeting.

Part IX- Compensation Reporting:

Foundation staff are all employees of the University of Alaska. The foundation reimburses the university for all compensation and related expenses. For the purpose of the functional expense reporting, amounts paid to the university for salaries, pension plan contributions, other employee benefits, payroll taxes are included in their natural line categories

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33.

Primary activity

G Complete if the organization answered 'Yes' on Form 990, Part IV, line 33, 34, 35b, 36, or 37. G Attach to Form 990.

G Go to www.irs.gov/Form990 for instructions and the latest information.

(c) Legal domicile (state

or foreign country)

OMB No. 1545-0047

Open to Public Inspection

(f) Direct controlling

entity

Department of the Treasury Internal Revenue Service Name of the organization

University of Alaska Foundation

(a)
Name, address, and EIN (if applicable) of disregarded entity

Employer identification number

23-7394620

(e) End-of-year assets

(d) Total income

<u>(1)</u>							
(2)							
<u>(3)</u>							
Part II Identification of Related Tax-Exempt On had one or more related tax-exempt org	rganizations. Complete anizations during the ta	e if the organization ax year.	answered 'Yes	on Form 990,	Part IV, line 34,	because it	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity sta (if section 501(c)(ttus (f) Direct contro entity	controlled	d entity?
(1) Uni versi ty of Alaska PO Box 756540 Fairbanks, AK 99775 92-6000147	Education through Teaching and Research	AK	115		N/A	Yes	No X
(2)							
<u>(3)</u>							
<u>(4)</u>							

Part III	Identification of Related Organizations Taxable as a Partnership	. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34,
	because it had one or more related organizations treated as a part	thership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections	(f) Share of total income	(g) Share of end-of-year assets	Disp tio	h) ropor- nate ations?	K-1 (Form	Gene mana parti	aging	(k) Percentage ownership
		country)		512-514)			Yes	No	1065)	Yes	No	
(1)												
(2)												
(3)												
Identification o					_							

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

					<u> </u>				
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) C(a)), S(a))	(e) ,7.84 5.16 -0.4088	(f) 3 re Q q 646.44 T	(g) 04342 Tm -0.003	(h) 0 Tw te20	(i)	of

Schedule R (Form 990) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered 'Yes' on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity			(d) Predominant income (related, unre- lated, excluded from tax under	Are all sec 501(organiz	e) partners tion (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	alloca	n) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ner?	(k) Percentage ownership
			sections 512-514)	Yes	No			Yes	No		Yes	No	
<u>(1)</u>													
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Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
UAFCEF, LP.	b	9, 000, 333.	Book Value
UAFCEF, LP	С	21, 431, 468.	Book Value
UAFCEF, LP	q	1, 848, 840.	Book Value
TEFAS1051 04/07/10		Schodulo	P Cont (Form 990) 2019